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David R. McClellan

DESIGN

PATENT APPLICATION

(37 CFR 1.63)

Patent and Trademark Office: U.S. Department of Commerce
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Attorney Docket

First Named Inventor

Number

	PTO/SB/02B attached hereto.									
					application numbers are list on a supplemental priority data sheet					
Application Nu				/DD/YYYY)	[] Additional pro	visional				
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.										
[] Additional foreign ap	l plication numbers	are listed on a	a supple	mental priority d	ata sheet PTO/SB/0					
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				[]	[]	[]				
(numbers)	Country	(MM/DD/Y	111)		[]	NO []				
Prior Foreign Application (numbers)	Country	Foreign Filin	~	Priority Not Claimed	Certified Co Yes	py Attached? No				
PCT international application		te before that o	f the app	lication on which p	priority is claimed.	-				
or 365(a) of any PCT internated below and have also identification.										
I hereby claim foreign prior										
I acknowledge the duty to d	lisclose information	which is materi	ial to pate	entability as define	d in 37 CFR 1.56.					
amended by any amendmen					, 	, -				
I hereby state that I have re-	viewed and understa	nd the contents	of the al	ove identified spec	cification, including	he claims, as				
(if applicable).										
Application Number		an	d was an	nended on (MM/DI	D/YYYY)					
OR [] was filed on (MM/DD/Y Application Number(if applicable).	VVV)		9	c I Inited States An	plication Number or	PCT International				
[x] is attached hereto										
the specification of which										
		(Title of	the Inve	ntion)						
	J									
Vehicle-Straig	htening Bench	with Movab	ole Car	riages for Mor	unting Pulling A	ssemblies				
names are listed below) of t										
I believe I am the original, t	erst and sole invento	or (if only one n	ame is li	sted helow) or an o	riginal first and join	t invention (if plural				
My residence, post office address, and citizenship are as stated below next to my name.										
As a below named inventor, I hereby declare that:										
Filing	(37 CFR 1.16 Required)	o (e))								
With Initial	Filing (surch		_	ner Name						
Submitted OR	Submitted af	ter Initial	_	Art Unit						
[x] Declaration	[] Declaration	1	Filing							
i		1	Appne	anon Number						

control number.										
DECLARATION Utility or Design Patent Application										
I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined n 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.										
U.S. Parent Application or PCT Parent Filing Date Parent Patent Number								Jumber		
	Parent Number		(MM/DD/YYYY)			((if applicable)			
[] Additional	U.S. or PCT internationa	l application	numbers are l	isted on a su	pplement pri	prity data shee	et PTO/SB/02	B attached		
As a named i	nventor, I hereby appoint	the following	registered pra	actitioner(s)	to prosecute	his applicatio	n and to trans	act all		
business in th	e Patent and Trademark (Office connec	ted therewith: [X] R				on number lis			
	Name	Registra	tion No.		Name	-	Registr	ation No.		
Samuel Di	_	29,915		Kyle L. I			39,485			
Rebecca J.		33,654		Sarah Pfeifer Vaz			34,747			
Robert J. Lewis 27,210			Mark E. Stallion		46,132					
	Lawrence E. Evans, Jr. 29,531 [] Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached									
hereto.	registered practitioner(s)	named on su	ppiemental Re	egistered Pra	ctitioner Info	rmation sheet	PTO/SB/02C	attached		
Direct all cor	respondence to: [X] Corre	espondence a	ddress below							
Name	Kyle L. Elliott		//				·			
Address	Blackwell Sanders F	eper Marti	n LLP		***					
Address	2300 Main Street, St		, , , , , , , , , , , , , , , , , , ,							
City	Kansas City			State	MO	ZIP	64108			
Country	USA		Telephone	(816) 98		Fax (816) 983-8080				
belief are beli like so made a jeopardize the	I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
Name of fir				etition has b	een filed for	this unsigned	ınventor			
(Given Name (first and middle [if any]) Family Name or Surname									
Inventor's	Daniel R.					McClellar	n Date	T		
Signature							Date			
Residence: City	Grand Island State NE Country USA Citizenship USA									
Post Office Address:	Address:									
City:	Grand Island State NE Zip 68803 Country USA nal inventors are being named on the attached supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.									
[X] Additional	inventors are being name	d on the atta	ched suppleme	ental Additio	nal Inventor(s) sheet(s) PT	O/SB/02A att	ached hereto.		

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 3

Name of Additional Joint Invention, If any: Given Name (first and middle [if any])	[] A netition has been filed for this ungigned inventor											
Richard H.					[] A petition has been filed for this unsigned inventor							
Inventor's Signature Residence: City Grand Island State NE Country USA Citizenship USA Post Office Address: 103 W. 16 St. Post Office Address: City: Grand Island State NE Zip 68801 Country USA Name of Additional Joint Inventor, if any: Given Name (first and middle [if any]) Family Name or Surname	G		ddle [if any]	D	Family Name or Surname							
Signature Residence: City Grand Island State NE Country USA Citizenship USA Citizenship USA Post Office Address: 103 W. 16 St. Post Office Address: City: Grand Island State NE Zip 68801 Country USA [] A petition has been filed for this unsigned inventor Name of Additional Joint Inventor, if any: Family Name or Sumame Date Residence: City Grand Island State NE Country USA Citizenship USA Citizenship USA Citizenship USA Citizenship USA Post Office Address: City: Grand Island State NE Zip 68803 Country USA Citizenship USA Citizenship USA Citizenship USA Post Office Address: City: Grand Island State NE Zip 68803 Country USA [] A petition has been filed for this unsigned inventor Family Name or Sumame [] A petition has been filed for this unsigned inventor Date Date Date Date Date Date												
Residence: City Grand Island State NE Country USA Citizenship USA Post Office Address: City: Grand Island State NE Zip 68801 Country USA Name of Additional Joint Inventor, if any: Given Name (first and middle [if any]) Family Name or Surname Jeffrey L. Date Residence: City Grand Island State NE Country USA Citizenship USA Post Office Address: City: Grand Island State NE Zip 68803 Country USA Post Office Address: City: Grand Island State NE Zip 68803 Country USA Name of Additional Joint Inventon, If any: Grand Island State NE Zip 68803 Country USA Inventor's Given Name (first and middle [if any]) Family Name or Surname Jeffery A. Family Name or Surname [] A petition has been filed for this unsigned inventor Family Name or Surname [] A petition has been filed for this unsigned inventor Date [] A petition has been filed for this unsigned inventor USA Citizenship USA Citizenship USA City: Grand Island State NE Country USA City USA Citizenship USA City Grand Island State NE Country USA Citizenship USA City Grand Island State NE Country USA												
City Grand Island State NE Country USA Citizenship USA Post Office Address: 103 W. 16 St. Post Office Address: City: Grand Island State NE Zip 68801 Country USA Name of Additional Joint Inventor, if any: Grand Island State NE Zip 68801 Country USA [] A petition has been filed for this unsigned inventor Date Date							Date					
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Address: 103 W. 16 St. Post Office Address: City: Grand Island State NE Zip 68801 Country USA Name of Additional Joint Inventor, if any: Given Name (first and middle [if any]) Family Name or Surname Jeffrey L. Dobbins Inventor's Signature Residence: City Grand Island State NE Country USA Citizenship USA Post Office Address: City: Grand Island State NE Zip 68803 Country USA Name of Additional Joint Invention, If any: Given Name (first and middle [if any]) Family Name or Surname Date	Dort Office	Grand Island	State	NE	Country	USA	Citizenship	USA				
Post Office Address: City: Grand Island State NE Zip 68801 Country USA Additional Joint Inventor, if any: Family Name or Surname		102 W 16 C4										
Address: City: Grand Island State NE Zip 68801 Country USA Name of Additional Joint Inventor, if any: Given Name (first and middle [if any]) Family Name or Surname Jeffrey L. Dobbins Inventor's Signature Residence: City Grand Island State NE Country USA Citizenship USA Post Office Address: City: Grand Island State NE Zip 68803 Country USA Post Office Address: City: Grand Island State NE Zip 68803 Country USA [] A petition has been filed for this unsigned inventor WAA Post Office Address: City: Grand Island State NE Zip 68803 Country USA [] A petition has been filed for this unsigned inventor Name of Additional Joint Invention, If any: Given Name (first and middle [if any]) Family Name or Surname Jeffery A. Hess Inventor's Signature Residence: Grand Island State NE Country USA Citizenship USA Post Office Address: 2411 N. Kruse, #4 Post Office Address: 2411 N. Kruse, #4 Post Office Address: 2411 N. Kruse, #4		103 W. 10 St.										
City: Grand Island State NE Zip 68801 Country USA Name of Additional Joint Inventor, if any: Given Name (first and middle [if any]) Family Name or Surname Jeffrey L. Dobbins Inventor's Signature Residence: City Grand Island State NE Country USA Citizenship USA Post Office Address: City: Grand Island State NE Zip 68803 Country USA City: Grand Island State NE Zip 68803 Country USA I] A petition has been filed for this unsigned inventor [I] A petition has been filed for this unsigned inventor Signature Residence: City: Grand Island State NE Zip 68803 Country USA I] A petition has been filed for this unsigned inventor Family Name or Surname Jeffery A. Hess Inventor's Signature Residence: City Grand Island State NE Country USA Citizenship USA Country USA Citizenship USA												
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Inventor's Signature Residence: City Grand Island State NE Country USA Citizenship USA Post Office Address: City: Grand Island State NE Zip 68803 Country USA City: Grand Island State NE [] A petition has been filed for this unsigned inventor Given Name (first and middle [if any]) Family Name or Surname Jeffery A. Hess Inventor's Signature Residence: City Grand Island State NE Country USA Citizenship USA	Name of Addi	itional Joint Inventor, i	f any:		[] A petri	tion has been filed for this	unsigned inve	ntor				
Inventor's Signature Residence: City Grand Island State NE Country USA Citizenship USA Post Office Address: 4015 Mason Ave. Post Office Address: City: Grand Island State NE Zip 68803 Country USA [] A petition has been filed for this unsigned inventor Name of Additional Joint Invention, If any: Given Name (first and middle [if any]) Jeffery A. Hess Inventor's Signature Residence: City Grand Island State NE Country USA [] A petition has been filed for this unsigned inventor Date Residence: City Grand Island State NE Country USA Citizenship USA Post Office Address: 2411 N. Kruse, #4 Post Office Address:	G	iven Name (first and mid	ldle [if any])		Family Name of	r Surname					
Signature Residence: City Grand Island State NE Country USA Citizenship USA Post Office Address: 4015 Mason Ave. Post Office Address: City: Grand Island State NE Zip 68803 Country USA Country USA I] A petition has been filed for this unsigned inventor Given Name of Additional Joint Invention, If any: Given Name (first and middle [if any]) Jeffery A. Inventor's Signature Residence: City Grand Island State NE Country USA Country USA Date Residence: City Grand Island State NE Country USA Citizenship USA Post Office Address: 2411 N. Kruse, #4		Jeffrey L.										
Residence: City Grand Island State NE Country USA Citizenship USA Post Office Address: 4015 Mason Ave. Post Office Address: City: Grand Island State NE Zip 68803 Country USA [] A petition has been filed for this unsigned inventor A petition has been filed for this unsigned inventor Family Name or Surname	Inventor's											
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City: Grand Island State NE Zip 68803 Country USA Name of Additional Joint Invention, If any: Given Name (first and middle [if any]) Family Name or Surname Jeffery A. Hess												
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Siven Name (first and middle [if any]) Family Name or Surname	Chy.	Grand Island	State	INE	<u></u>							
Jeffery A. Hess Inventor's Signature Residence: City Grand Island State NE Country USA Citizenship USA Post Office Address: 2411 N. Kruse, #4 Post Office Address:					[] A petit	ion has been filed for this	unsigned inver	itor				
Inventor's Signature Residence: City Grand Island State NE Country USA Citizenship USA Post Office Address: 2411 N. Kruse, #4 Post Office Address:	Gi		ldle [if any])	Family Name or Surname							
Residence: City Grand Island State NE Country USA Citizenship USA Post Office Address: 2411 N. Kruse, #4 Post Office Address:		Jeffery A.										
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ADDITIONAL INVENTOR(S) Supplemental Sheet Page 2 of 3

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Name of Addi	tional Joint Invention,	If any:	1	[] A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname						
Charles A.					Schult	e				
Inventor's Signature			Date							
Residence: City	Omaha	State	NE	Country	USA	Citizenship	USA			
Post Office Address:	5722 S. 180 56 th									
Post Office Address:										
City:	Omaha	State	NE	Zip	68135	Country	USA			
Name of Addi	tional Joint Inventor, i	f any:	-	[] A petit	ion has been filed for this	unsigned inver	ntor			
Gi	ven Name (first and mid	ldle [if any])	Family Name or Surname						
	Nathan				Adam	s				
Inventor's Signature						Date				
Residence: City	Littleton	State	СО	Country USA Citizenship USA						
Post Office Address:	8378 Upham Way, A3	05								
Post Office Address:										
City:	Littleton	State	CO	Zip	80123	Country	USA			
Name of Addi	tional Joint Invention,	If any:		[] A petit	ion has been filed for this	unsigned inver	ntor			
Gi	ven Name (first and mic	ldle [if any])	Family Name or Surname						
	Robert W.				Thomas					
Inventor's			- · · · · - · · · · · · · · · · · · · ·							
Signature						Date				
Residence: City	Grand Island	State	NE	Country	USA	Citizenship	USA			
Post Office Address:	e 457 D Road									
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City:	Grand Island	State	NE	Zip	68801	Country	USA			

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3

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[] A petition has been filed for this unsigned inventor Name of Additional Joint Invention, If any:												
Given Name (first and middle [if any])				Family Name or Surname								
Marco Tulio Nossa						Reye						
Inventor's												
Signature												
Residence:	Colonia Villa											
City	Verdun	State	CP	Country Mexico D.F.			Citizenship	Col	ombia			
Post Office			-		\		•					
Address:	Reims 66											
Post Office												
Address:												
City:												
	Colonia Villa								Mexico			
	Verdun	State	CP	ZII		01810	Country		D.F.			
				[]Ap	tition l	has been filed for this	unsigned inve	ntor				
Name of Add	litional Joint Inventor	, if any:										
Ġ	Given Name (first and n	niddle [if any])			Family Name of	or Surname					
						<u>-</u>						
Inventor's												
Signature							Date					
Residence:												
City		State	NE	Country	US	SA	Citizenship	US	4			
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Inventor's				1			<u> </u>					
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